

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

39027

9328

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis				c. LENGTH OF STAY (In this place) 18 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4219 Humphrey				e. CITY (If outside corporate limits, write RURAL and give township) St Louis 2169			
f. STREET ADDRESS 4219 Humphrey				g. (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) F		b. (Middle) Kelly		c. (Last) Schulz	
4. DATE OF DEATH		(Month) (Day) (Year)		11/2/50			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Aug, 20, 1893	
9. AGE (In years last birthday) 57		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (State or foreign country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Frank Schulz		13b. MOTHER'S MAIDEN NAME Josephine Schill		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Louis Schulz 4219 Humphrey			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease (b) Myocardial Failure (c) Cerebral Thrombosis 2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above (a) or (b) stating the underlying cause last. 3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to (a) or (b) or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 yrs 3 days 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from June 1, 1949, to Sept 30, 1949, that I last saw the deceased alive on Sept 30, 1949, and that death occurred at 8:10 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Louis F. Stephens		23b. ADDRESS (Degree or title) M.D. 4979 Chippewa		23c. DATE SIGNED 11/2/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/4/50		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
DATE REC'D BY LOCAL REG. NOV 3 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Ziegenhein & Sons		ADDRESS 7027 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7037 Gravis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.